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War college gets new chief

The new leader has come to Maxwell-Gunter several times throughout his career

By Ken Roedl

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Maj. Gen. Bentley Rayburn's first permanent assignment at Maxwell-Gunter Air Force Base carries a lot of weight and responsibility.

As Air War College commandant and vice commander of Air University, Rayburn is responsible for the education of senior officers to help them lead at the strategic level in the employment of aerospace forces.

Rayburn has come to Maxwell-Gunter on several occasions throughout his 26-year career. However, he was never an in-residence student at one of Maxwell-Gunter's professional schools.

Key to his success as commandant, as well as to the success of his students, is relevancy, Rayburn said. That includes listening to the Air Force's senior leadership and adapting course work to that end so students are prepared for the next day's challenge, he said.

"Schools need to make sure they're evolving with the requirements and that they're in tune with the needs of the Air Force," Rayburn said. "My pledge to you is a dedicated effort focused on ensuring we maintain and increase the value of this institution to our Air Force and Department of Defense."

Rayburn replaces Maj. Gen. Dave MacGhee, who was selected as the next commander of the Air Force Doctrine Center at Maxwell. MacGhee became Air War College commandant in late January 2000.

Lt. Gen. Donald Lamontagne, Air University commander, presided over Friday's change-of-command ceremony — the 30th in the school's history.

Lamontagne said MacGhee relinquishes command "with honor, because he knows he leaves Air War College better than he found it. And it was outstanding."

In his final remarks as the school's leader, MacGhee emphasized the philosophy he employed as commandant, asking faculty members to continue to emphasize trust, cooperation, moral courage, integrity and dignity of others.

To the students, MacGhee said, "Don't let your legacy be one of missed opportunities. Be the leaders you always wanted to work for."

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Civilian pacts help military reduce costs

Lynda Stringer, and Trish Choate, Times Record News

The line dividing military and civilian health care has blurred nationwide in a trend United Regional Health Care System and Sheppard Air Force Base recently joined.

Medical organizations have forged more than 600 agreements to share facilities, personnel and expertise in and out of uniform, officials said. The trend gathered force in the mid-to-late '90s and is growing in the new millennium.

Wichita Falls added steam to it last month when United Regional gave credentials to Sheppard obstetrician-gynecologists and pediatricians. Now base babies make their debut into the world at United Regional. To cover the arrangement, the hospital system extended its contract with TRICARE, a military health care system.

Many salute the agreements.

"It makes no sense to spend more tax dollars," said Brett Willey, director of physician services at Jackson County Memorial Hospital in Altus, Okla., which shares resources with Altus Air Force Base. "We're serving them, and they're serving us."

And the partnerships can channel more care to veterans.

"I think it can certainly help, particularly with certain specialties, areas where they may not have a high demand for certain kinds of care," said Rep. Mac Thornberry, R-Clarendon, Texas, a member of the House Armed Services and Budget Committee. "If they can make use of civilian facilities and make that care available, it's that much better."

The agreements help patients and hospitals in an age of rising costs, officials said. The military and the civilian sector struggle to make health care ends meet.

Indeed, the military health care system is "fundamentally broken" and has serious problems that cannot easily be fixed, testified surgeons general of the Navy, Army and Air Force and the acting assistant secretary for health affairs on July 18 before the House Armed Services Committee.

The system has a backlog of maintenance and repair projects brought on by years of tight funding, said Joe Salko, a Department of Defense official responsible for resource-management issues in TRICARE.

But the surgeons general and acting secretary agree that for the first time in recent years, a new budget realistically estimates military health care costs, Salko said. The president's 2002 budget will not resolve the entire backlog of projects.

Arrangements between the military and civilians run the gamut from limited partnerships to extensive resource sharing:

- * Funding cutbacks prompted the agreement between Jackson County Memorial Hospital and Altus Air Force Base, said Col. Charles Cotta, commander of the Altus military hospital.

The Air Force downsized the base hospital drastically. Base obstetricians, pediatricians, family-practice physicians and internal-medicine doctors treat military patients at Jackson County Memorial. Military patients receive emergency care at the civilian hospital.

Both Altus hospitals benefit equally, Willey said. Military doctors, for instance, help civilian physicians deal with emergencies.

- * Civilian and military funds built a new hospital in Alamogordo, N.M., near El Paso, Texas, said Lillie Lewis, marketing director of Gerald Champion Memorial Hospital. A partnership sprang up during Desert Storm when the civilian hospital began delivering babies for Holloman Air Force Base in New Mexico.

The area needed a new inpatient facility, so officials gained approval from Congress to throw \$7 million of defense funds into a communal \$36 million pot, Lewis said. The new hospital opened in December 1999. And 13 of the 60 doctors practicing there are military.

* San Antonio is home to a joint residency program, supported by the University of Texas Health Science Center, Wilford Hall Medical Center on Lackland Air Force Base and Brooke Army Medical Center, said Dewey Mitchell, chief of public affairs for Wilford Hall.

It includes 40 residency programs, Mitchell said. The San Antonio civilian and military communities benefit from cost-savings, greater efficiency and the varied learning environment for residents who rotate among hospitals. In addition, all three hospitals participate in the state's trauma network. Patients -- civilian or military -- go to the nearest facility.

But some fear the arrangements might go too far to suit them. Veterans who use Sheppard Hospital are concerned its emergency room might be downgraded to an acute-care facility.

The hospital commander said officials have made no decisions about Sheppard's ER. Sheppard officials don't make those kinds of decisions, said Col. Theresa Casey, 82nd Medical Group commander. They require congressional advisement and approval from the Secretary of the Air Force.

Sheppard representatives are always evaluating services to offer the highest-quality care, Casey said. But that doesn't mean a change will happen.

Kevin Gross, United Regional chief executive officer, said base officials have not approached him about extending the agreement.

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